

Report to:	CHILDREN'S AND YOUNG PEOPLE'S SCRUTINY COMMITTEE
Relevant Officer:	Mike Chew –Divisional Director of Operations, Families and Integrated Community Care Division, Blackpool Teaching Hospitals
Date of meeting:	25 January 2024

HEALTH WAITING TIMES AND ACCESS TO SERVICES

1.0 Purpose of the report

- 1.1 The purpose of the report is to respond to issues that were raised during the Children and Young People's Scrutiny Committee in June 2023 that related to access to health services for children and young people with SEND.
- 1.2 Blackpool Teaching Hospital NHS Foundation Trust (BTH) is a member of the SEND Partnership with Blackpool Council and Lancashire and South Cumbria Integrated Care Board (ICB). The Council and the ICB are statutorily responsible for ensuring the needs of children with Special Educational Needs and Disabilities (SEND) are met under the Children's Act 2014. BTH is the main provider of health services for these children and young people in Blackpool on behalf of the partnership.
- 1.3 Ofsted and CQC inspected our partnership arrangements for meeting the SEND needs under a joint inspection framework between 28th February 2022 and 4th March 2022. They found there to be areas of concern in the arrangements that were in place and used their regulatory powers to issue a Written Statement of Action (WSOA) to mandate improvement.
- 1.4 One of the four areas of significant concern within the WSOA centered on long waiting times for therapies, specifically speech & language therapy.
- 1.5 Through the WSOA work undertaken, BTH have identified three other services where access to services is challenging, which we have alerted the local SEND Partnership to. These are; Blenheim Child Development Centre (CDC), Neuro-Development Pathway (NDP) and Child & Adolescent Mental Health Services (CAMHS).
- 1.6 The service areas that we are reporting on have all been impacted by increased demand over a long period of time, this increasing demand has continued to rise in most areas in the time since the SEND inspection. We are committed to working with Lancashire and South Cumbria ICB to ensure that our services for children with SEND are commissioned and resourced to meet the level of demand we are required to respond to.
- 1.7 NHS National Planning Guidance for 2023/24 requires NHS Trusts to ensure that no patient waits longer than 65 weeks for access to treatment. This is expected to change to a target of 52 weeks for 2024/25 financial year.

2.0 Recommendation(s)

3.0 For the Committee to maintain oversight of the WSOA and SEND Improvement Plan with a view to supporting BTH to work with partners to improve access to health services for children with SEND based on the improvement work detailed in this paper. The ICB have committed to supporting this work through the development of business cases for the Neurodevelopmental (ND) Pathway and Speech and Language Services.

4.0 Reason for recommendation(s)

4.1 To improve access to health services for children with SEND.

4.2 Is the recommendation contrary to a plan or strategy approved by the Council? No

4.3 Is the recommendation in accordance with the Council's approved budget? N/A

5.0 Other alternative options to be considered

4.1 N/A

6.0 Council priority

Priority one: Creating stronger communities and increasing resilience.

7.0 Background and key information

7.1 Speech and Language Services (SLT)

We continue to deliver significant improvement in waiting times in Speech and Language Therapy for Children and Young People in Blackpool, as a consequence of increasing staffing capacity via bench, increasing the number of apprentices/assistants working in our team, better organisation of our waiting list through a coordinator role and reducing the numbers of children who are not brought for appointments or have cancelled appointments. The data below details the improvements made:

Waiting lists for therapies (% waiting more than 18 weeks)
Data as of the end of February 2022
(date of inspection)

	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
Speech and Language Therapy	650	441	68%	91	31

Waiting lists for therapies (% waiting more than 18 weeks)
Data as of the end of December 2023

Referrals waiting	Number waiting over 18 weeks	% waiting more	Max. wait (weeks)	Ave. wait (weeks)
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		weeks	than 18 weeks		
Speech and Language Therapy	331	198	60%	69	26

We have made significant improvements in this area, but we need to continue this work to reduce waiting times down to 18 weeks. This improvement would have been greater had our service not been impacted so significantly by Maternity leave of four staff members in the 2023/24 financial year. Currently there are still children waiting over 52 weeks for their initial assessment and BTH are working with the ICB commissioners to support their business case for investment in qualified speech and language therapists.

We are confident that we can reduce the number of children waiting over 52 weeks by June 2024, given the staff that are returning from maternity leave. With further investment from the ICB, will be able to further drive down the waiting times towards 18 weeks and improve access to SLT services for families.

In addition to the delivery of this business case we will need to continue working as a system on effective early intervention in speech, language and communication development. Marie Gascoigne is an external consultant that has been commissioned by A Better Start to support the local area in addressing the speech, language and communication needs of children in Blackpool. Part of this work has included:

- a pre-school triage panel involving the NHS, Better Start and a private SLT provider where children are streamlined into the most appropriate service for their needs.
- Working with family hubs to provide easy access to SLT services in the community.
- ELKLAN training to staff in Blackpool schools.

We have also worked jointly with the Council to develop a Speech, Language and Communication Strategy with Blackpool schools. This strategy document is available online to professionals and contains resources to support the development of speech, language and communication in children. The SLT service has also implemented a risk matrix to identify the level of need of all children on the caseload which has enabled us to stratify our caseload and target resources more effectively.

We have worked with the parent carer forum that identified concerns raised by families whilst they were waiting. As a result of this we have introduced a system where families will get confirmation that their referral has been accepted by the service and then every four months families will receive a further update/communication letter. The service has also improved our Trust website and updated resources available for families to use whilst waiting to be assessed. We have continued to work with parent/carers by the use of surveys and focus groups. Families are on the whole very positive about the service they receive but remain unhappy about the length of time they have waited. As such we need to continue to engage them through the Parent Carer Forum, and learn about how we can improve their experience.

7.2 Blenheim Child Development Centre (CDC)

Waiting times to see a consultant within the CDC remains challenging. Since the inspection BTH have increased staff capacity through the introduction of an Advanced Nurse Practitioner (ANP) to support the consultant caseload and an admin and waiting list coordinator to maximise clinic slots available. However, since this time one consultant has retired, and two further consultants have left, whilst one consultant has now been recruited it still remains challenging and further impacts on waiting times.

Blenheim CDC as a service was also not set up on our electronic systems, reporting of performance has been difficult to monitor and predict therefore work was undertaken with the service in 2022 to build capacity within our community electronic record system. The charts below detail the data available. In February 2022 wait times were exceeding 52 weeks for some patients, and this was reported during the inspection.

Blenheim is not a formerly commissioned service and no specification exists for it. From a manual collection of data we can see that since its inception date in 2008 demand on the service has increased by 151% The increase has continued since the inspection in February 2022 so together with our Consultant vacancies we have had a challenge with regard to providing timely access for children and their families.

<i>Waiting lists for CDC (% waiting more than 18 weeks)</i> Data as of the end of December 2023	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
Blenheim Child Development Centre	204	137	67%	59	28

We have made improvements in this area through increasing ANP, admin resources and system monitoring, but consultant vacancies have impacted on the good work undertaken so far and the waiting list is not improving as we had anticipated.

Recruitment of a paediatrician is challenging in itself, in particular for one with child development and social-communication experience. The service have managed to recruit one new consultant, and had secured a locum paediatrician for a period of time. We continue to actively seek locum cover for this service, and explore all avenues for substantive recruitment. The Trust have recently engaged BDI Resourcing a specialist recruitment provider to assist with hard to recruit posts, and paediatrics is an area where they are supporting us.

In addition to this we are exploring appointing to a further Specialist Health Visiting post to skill mix this pathway. This model change would support early assessment and access to support workshops for families, whilst they wait to see a consultant; this would provide a vast improvement to the experience of families accessing the CDC service.

We will continue to keep the SEND Partnership and the committee apprised of these developments. We have demonstrated that we can maintain our position whilst demand has increased, with appointment to Consultant roles and an alternative model of delivery being developed we believe we can reduce waits below 52 weeks.

7.3 Neuro-Development Pathway (NDP)

We continue to deliver significant improvement in waiting times in the NDP for Children and Young People in Blackpool, as a consequence of increasing staffing capacity via bench, Consultant waiting list initiatives, improving data intelligence and working with school SENCOs to provide information on the evidence required for a referral.

Prior to the SEND inspection in February 2022, the service had just undertaken a waiting list initiative which saw the waiting time for first consultant appointment improve from an average of 130 weeks to 26 weeks.

Despite these improvements the SEND Parent-Carer Forum have sometimes received negative feedback from families. The service has listened to these comments and made further improvements to include a “parents voice” representative on the panel meetings, peer navigators to support families on their pathway journey and post diagnostic cygnet workshops for families to attend. Furthermore, we are currently working on developing a combined ASD / ADHD / Tourettes pathway for Neuro-Diverse Conditions.

The data below details the waiting list from referral to first consultant appointment.

<i>Waiting lists (% waiting more than 18 weeks) Data as of the end of August 2020</i>	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
NDP	13	8	61%	Not known	Not known

NOTE: This was the data following an extensive waiting list initiative

<i>Waiting lists (% waiting more than 18 weeks) Data as of the end of December 2023</i>	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
NDP	49	3	6%	23	9

We have made improvements in this area and are noticeably ahead of colleagues across Lancashire and South Cumbria who are still struggling with this service. We have implemented a NICE compliant diagnostic pathway for these conditions, which provides assurance that our diagnostic process is compliant with nationally established standards. However, we believe we have still not got the service fully right and when talking with families the experience and support on the pathway still needs to be improved.

The NDP is a complex service, longer waits can often be attributed to how quick information is returned from families and partners, setting dates for MDT panels with partners (including

schools) present; it is also linked to speech & language waiting times since an extensive social-communication SLT assessment is part of this pathway and post panel waits - where the panel do not feel there is enough evidence to diagnose and often request further specialist assessment/investigations.

We will continue to improve and develop the NDP service in partnership with Stacey Baines, Chair of the Blackpool Parent-Carer Forum, and other parent-carer forum members and other families that use the service, to ensure as a local area we are better supporting families. We have been encouraged by the positive feedback provided by the Parent Carer Forum at the SEND Partnership and at Ofsted/CQC monitoring visits about the experience of families, but we are not complacent about the need to strive to be better.

We will also continue to work closely with our ICB in the development of these services and with the SEND Partnership. We undertook a specific engagement session with the SEND Partnership Board in 2023, which was vital to the ongoing development of the service, in addition to an event with Blackpool SENCOs led by Professor Morris Gordon. These activities will need to continue to ensure there is a shared understanding of how we support children with neurodevelopmental conditions and their families. BTH as a health provider plays a significant role in the diagnosis of neurodevelopmental conditions, but the holistic support for children with neurodevelopment conditions and their families is a responsibility that we share with our ICB and Council colleagues, and we will continue to engage on this together through the SEND Partnership.

A business case to support priority funding for the ND Pathway redesign is being presented to Lancashire and South Cumbria Children and Young People's Board in February 2024. This is based on the coproduced pathway agreed in 2018, and subsequent work and recommendations from the Niche report. The learning from the BTH ND pathway will continue to be used regionally should funding be agreed and we move to implementation. The proposed pathway includes support for CYP and families once an additional need has been identified to post diagnostic or ongoing needs led support.

7.4 Child and Adolescent Mental Health Services (CAMHS)

We continue to work on waiting lists and improvements to our CAMHS services. National benchmarking data (Children and Young People's Mental Health Benchmarking 2021/22) shows that Blackpool are not an outlier and CAMHS is performing better than the national average for the % of patients whose referral to treatment (RTT) was less than 4 weeks for 44% of our patients which is above the national average which is 37%. The % of patients whose RTT was 18+ weeks was in line with the national average of 22%.

The rise in the number of referrals received by CAMHS locally is also reflected in the increase in the number of patients on waiting lists nationally. Since 2020/21 the number of patients waiting for a first appointment nationally has increased to 918 per 100,000 population compared to 528 per 100,000 population in 2020/21.

The access target for children and young people accessing BTH Mental Health Services is 2855, we are currently exceeding this and are reporting an access target of 3020 which is 6% above our expected target. ELCAS (the CAMHS provider in East Lancs) is currently not meeting its

access target -23% whilst LSCFT (the CAMHS provider in North & Central Lancashire) are reporting data quality issues.

Blackpool CAMHS continue to see an increase in demand for specialist support with a 9% increase in referrals since the same period last year (October 2023 YTD Local Position). Between April - December 2023, Blackpool CAMHS completed 5,097 attended appointments. The service has struggled to fill vacant posts which has meant a depletion in staffing numbers for some time now. This is now an improving picture and we have now successfully recruited to most of the vacant posts, all successful applicants are awaiting start dates following completion of checks.

<i>Waiting lists (% waiting more than 18 weeks)</i> Data as of the end of February 2022	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
CAMHS	171	15	9%	Not known	Not known

<i>Waiting lists (% waiting more than 18 weeks)</i> Data as of the end of February 2023	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
CAMHS	263	88	33%	47	14

<i>Waiting lists for (% waiting more than 18 weeks)</i> Data as of the end of December 2023	Referrals waiting	Number waiting over 18 weeks	% waiting more than 18 weeks	Max. wait (weeks)	Ave. wait (weeks)
CAMHS	285	131	46%	44	17

For those that are currently on our waiting lists, letters have been provided to all families letting them know who they should contact and when, should they have any concerns or queries, all letters contain information of other services and helplines that can offer support/guidance. Parents and carers can call our Duty team to discuss any worrying changes in their child's condition, where appropriate appointments can be expedited. When a patient exceeds 18 weeks, calls are made weekly to monitor risk and any deterioration of mood and mental state, this is the role of the managers in the service. In the event of increased risk CAMHS will offer additional crisis support and home treatment delivered by our CASHES and RAIS service.

CAMHS has recently seen an improvement in recruitment and we have been able to fill posts that have been difficult to fill historically. We have recruited two additional staff members,

specifically to address wait times and increase capacity, this has enabled us to offer additional appointments in the evenings and weekends have been introduced, not only to address wait times but to offer more flexibility to families that may struggle to attend during working hours.

CAMHS has also had challenges with cancelled appointments and children not being brought to appointments (or not attending, DNA). This year 8% were cancelled and 13% were not attended. The service makes every effort to offer cancelled appointment times to other children, young people, and their families but appointments that are DNA'd cannot normally be filled in the same way. A piece of work is underway reviewing the Did Not Attend/ Were not brought policy and the impact of DNA'S upon the service. The service is working on text appointment reminders. The intention is to bring DNA rates below 10%.

An internal review of services, systems and processes is also underway to address waiting times, this will allow us to move the workforce delivering our low-intensity therapies into the first two quadrants of the Thrive model, (getting advise and getting help sections). This is with a view to creating more capacity for early intervention ensuring children are on the right pathway at the earliest opportunity, resulting in the young people and their families receiving the right intervention, at the right time with the right professional. These changes are in the scope of our existing resources and commissioning requirements.

These changes are intended to strengthen our 'front door' preventing young people going into crisis and unnecessary escalation into our specialist CAMHS and CASHER/RAIS services allowing timely access for children and young people requiring specialist treatment. Specialist CAMHS services will have the capacity to deliver a duty system that will respond to urgent requests for support, allow closer liaison with our paediatric ward, and create a timelier and more accurate triage of referrals. A Team Leader has recently been appointed and further posts have been advertised to increase capacity in the duty team. The response, where necessary will be within 24 hours to urgent presentations.

We intend to keep the committee, the SEND Partnership and other partner agencies informed of the plans and progress made.

We are confident that the above changes will mean our longest waiters will not exceed 18 weeks and anticipate the time frame for this to happen will be approximately 6 months. We are due to provide a more detailed briefing to the SEND Partnership about this work in February 2024.

6.5 **Parent/carer engagement with services:**

The SEND Partnership have set up a Parent Carer Forum who have been supporting us to engage parents in our improvement work. This has been undertaken through a variety of methods and we continue to value families feedback and work to improving their experiences of health services.

6.5 Does the information submitted include any exempt information? No

7.0 **List of appendices**

Appendix 6(a): SEND health data dashboard for December 2023

8.0 Financial considerations

8.1 N/A

9.0 Legal considerations

9.1 The Children and Families Act 2014 and SEND Code of Practice.

10.0 Risk management considerations

10.1 N/A

11.0 Equalities considerations and the impact of this decision for our children and young people

11.1 The purpose of the improvements is to provide fully inclusive and equitable services for children and young people aged 0 – 25 years in Blackpool.

12.0 Sustainability, climate change and environmental considerations

12.1 N/A

13.0 Internal/external consultation undertaken

13.1 A number of patient engagement and/or parent/carer work has been undertaken by services, including with the SEND Parent Carer Forum. Information has been used to inform service delivery and improve patient experiences.

14.0 Background papers

14.1 None.